

## Underground Storage Tank System Tightness Test

(This form must accompany tank/line tightness test results)

Submit to: **Kansas Department of Health and Environment**  
**Bureau of Environmental Remediation**  
**Storage Tank Section**  
**1000 SW Jackson, Suite 410**  
**Topeka, KS 66612-1367**      **Phone: 785 296-8061**  
**Fax: 785 296-6190**

Date of Test \_\_\_\_\_

Tester I.D. \_\_\_\_\_

Company ID \_\_\_\_\_

Signature \_\_\_\_\_

Please Print Clearly or Type

### I. Facility Information

A. Facility Name: \_\_\_\_\_

B. Facility Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

C. Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### II. Owner Information

A. Owner Name: \_\_\_\_\_

B. Owner Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

C. Owner Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### III. Test Information

A. Test Method: \_\_\_\_\_ Leak Threshold: \_\_\_\_\_

### IV. Tank Systems Tested

When performing line tests *always* provide corresponding tank information.

KDHE tank no.					
Total Capacity (gals)					
Capacity during Test (gals)					
Year installed					
Pass/Fail					
Leak rate					
3 <sup>rd</sup> Party Certification met	Yes___No___	Yes___No___	Yes___No___	Yes___No___	Yes___No___

KDHE tank/line no.					
Dispenser type: Safe/Conventional/Pressure					
Mech. Leak Det. (MLD) Model:					
MLD operating correctly: Y/N					
Pass/Fail					
Leak rate					
3 <sup>rd</sup> Party Certification met	Yes___No___	Yes___No___	Yes___No___	Yes___No___	Yes___No___

### V. If tank or line has failed, a release is suspected. To whom has suspected release been reported?

\_\_\_\_\_

Please direct questions regarding tank and line tests to KDHE, Storage Tank Section, 785-296-8061.